



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gregory P. Ennis, M.D.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-0554-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 27, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 2, 2025	Designated Doctor Examination 99456-W5	\$199.00	\$199.00
Total		\$199.00	\$199.00

Requester's Position

"In reference to the denial this was a direct referral from a Designated Doctor Exam ordered by the Texas Department of Insurance. The Designated Doctor was requested as shown on the attached Commissioner Order to conduct MMI, and IR ... The IR was conducted on 2 body parts."

Amount In Dispute: \$199.00

Respondent's Position

"The provider was reimbursed based upon one body area, where it appears that the provider billed for multiple body areas. However, the claimant's injuries were to the [REDACTED], which constitutes one body area ...The provider was reimbursed according to the Medical Fee Guidelines. The provider is not entitled to any additional monies."

Response Submitted By: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [127.10](#) provides the general procedures for designated doctor examinations.
3. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 309 – The charge for this procedure exceeds the fee schedule allowance.
2. P12 – Workers' compensation jurisdictional fee schedule adjustment.
3. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
4. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
5. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
6. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
7. Note: "The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted."

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking additional reimbursement for a designated doctor examination performed on May 2, 2025, to determine maximum medical improvement (MMI) and impairment rating (IR).

The insurance carrier paid for the MMI portion of the examination in full. The examination was billed the IR portion of the examination with procedure code 99456-W5 for 2 units at \$597.00. The insurance carrier paid \$398.00, arguing in its position statement that, "the

claimant's injuries were to the [REDACTED], which constitutes one body area." This is the service that DWC will review in this dispute.

2. 28 TAC §127.10(b) states, in relevant part, "Requirement to review information. Before examining an injured employee, the designated doctor must review the injured employee's medical records, including any analysis of the injured employee's medical condition, functional abilities, and return to work opportunities that the insurance carrier and treating doctor provide in accordance with subsection (a) of this section, and any materials the division submits to the doctor.
 - (1) The designated doctor must also review the injured employee's medical condition, history, and any medical records the injured employee provides and must perform a complete physical examination of the injured employee.
 - (2) The designated doctor must give the medical records reviewed the weight the designated doctor determines to be appropriate."

DWC finds that the documentation submitted supports that the requester provided his findings in accordance with 28 TAC §127.10(b). For this reason, the requester is entitled to the following reimbursement.

The submitted documentation indicates that the requester provided an IR for the skin based on pages 277, 278, and 280, which are included in Chapter 13 – The Skin.

The submitted documentation also indicates that the requester provided an IR for the upper extremity based on pages 18 and 20, which are included in Chapter 3.1 – The Hand or Upper Extremity.

28 TAC §134.240(d)(4)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)." The adjusted reimbursement rate for this service is \$398.00.

28 TAC §134.240(d)(4)(B)(iii) states, "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)." The adjusted reimbursement rate for this service is \$199.00.

The total allowable reimbursement for the services in question is \$597.00. The insurance carrier paid \$398.00. An additional reimbursement of \$199.00 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance Co must remit to Gregory P. Ennis, M.D. \$199.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 6, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [133.307](#), which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit [DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision \(BRC-MFD\)](#) and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.